

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION
Eastern

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CLERK'S OFFICE
WESTERN DISTRICT OF TENNESSEE
AT KNOXVILLE

ABRAHAM MEDENA

(Enter above the full name of the plaintiff
or plaintiffs in this action.)

vs.

MADISON COUNTY JAIL

(Enter above the full name of the defendant
or defendants in this action.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C., §1983

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes No

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in the institution?

Yes No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No

C. If your answer is Yes:

1. What steps did you take? WE FILED REQUEST AGREEMENT COMPLAINTS,

SPoke TO SERGANTS, JAILERS AND

2. What was the result? SAY THERE WAS NOTHING THEY
COULD DO ABOUT IT

D. If your answer is No, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff ABRAHAM MEDINA

Address (INCARCERATED) 528 1/2 LIBERTY ST, JACKSON TN 38301

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of an additional defendants.)

B. Defendant MADISON COUNTY JAIL is employed as

at MADISON COUNTY JAIL

C. Additional Defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

I WAS HAVING SEVERE PAIN DUE TO MY GOUT, I SPOKE TO
DEPUTIES, SERGANTS, JAILERS AND FOR (2) WEEKS STRAIGHT
TRYING TO GET MEDICAL HELP FOR MY DENTAL PAIN. THEY DID
NOT WANT TO DO ANYTHING, WHEN THEY DID FINALLY TAKE ME TO
THE DR. THEY EXPLAINED MY SICKNESS AND OVER
EVERY PULLED MY TOOTH OUT AND PAIN MY MOUTH AND WHEN
THEY WERE FINISHED, THEY LEFT ME SO
ME WAS ALL MADISON COUNTY JAIL WAS FULL, I KNEW THE LAW SO I
DISPLAYED THEM PIECES OF LAW AND RIGHTS SAYING THEY HAVE TO GIVE ME
MEDICAL & DENTAL CARE. IN THE END nothing was done. THEY JUST STOPPED
RESPONDING.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I would appreciate it if I could get medical compensation
for my dental care, I would also like compensation
for my pain and suffering, and get anything can
be done for other inmates in the same facility.
I would truly more than appreciate that,
PLEASE AND THANK YOU.

VI. Jury Demand

I would like to have my case tried by a jury. Yes No ().

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this 26 day of 12, 20 13.

JOSEPH M. MEDINA

(Signature of Plaintiff/Plaintiffs)